Influenza & Pneumococcal Consent Form

Patient Name: _____ D.O.B._____ Age: _____ ☐ M ☐ F

Address: _____ Ph #: _____

Primary Care Physician (if known): _____ Weight if less than 66 lbs:_____

Employees: United Family Team Member Number: _____Store Number/Location: _____

Flu Vaccines Available		Pneumonia Vaccines Available
☐ 4 strain (Available 6 months and up)	☐ High Dose (65 yr and up)	☐ Pneumovax
☐ 3 strain (Available 5 yr and up)	☐ Egg Free, higher dose (18yr and up)	☐ Prevnar 13

Please answer the following questions:

Yes	No	
☐	☐	Have you ever been diagnosed with guillain-barre or had a serious reaction to a vaccine, eggs or latex?
☐	☐	Do you have a moderate to severe illness?
☐	☐	Pneumonia Only: Are you currently pregnant or breastfeeding?

I verify that I have answered these questions to the best of my knowledge. I have been provided access to a copy of United Supermarket Pharmacy's Notice of Privacy Practices and the Vaccine Information Sheets for the vaccines I received today. I understand the benefits and risks of receiving this immunization and have been given the opportunity to ask any questions. I herby release United Supermarkets, LLC, and all officers, directors and employees from any and all liability arising from or in any way connected with this immunization. I herby request that the above named immunizations be given to me or to be person named above for whom I am authorized to sign.

Signature: _____ Date: _____

For Pharmacy Use Only

PLACE Rx LABEL HERE

Vaccine Administered	Lot #	Expiration Date	Site (R/L)	VIS version
1st				
2nd				

Administered by: _____

_____

Texas Physician Notification

Physician Name: _____ Fax: _____

The Pharmacy provided immunization services to the patient named below at our immunization clinic. He/she identified you as his/her primary care provider. Per Texas State Board of Pharmacy rule (Title 22 part 15, (1)(B)) a pharmacy must notify the patient's primary care provider of an immunization. Please update the patient's chart to include the vaccination(s) above.

Sincerely,

Phone:

Fax: